


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2007 8:00 am
Secretary of State

04-17-2007 90059 021 ****35.00
07-31-2007 90007 031 ****61.25

DOCUMENT # N05000004675	
1. Entity Name FAMILY PROMISE OF MANATEE COUNTY, INC.	

Principal Place of Business 6510 3RD AVE W. BRADENTON, FL 34209	Mailing Address 6510 3RD AVE W. BRADENTON, FL 34209
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address P. O. Box 14403 Suite, Apt. #, etc.
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City & State Bradenton, Fl.	4. FEI Number 06-1753800	Applied For <input type="checkbox"/> Not Applicable
Zip 34280-4403	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



07042007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent SMITH, GILBERT A JR. 601 12TH ST W BRADENTON, FL 34204	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, INDIA 7703 25TH AVE W BRADENTON, FL 34209 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Diana Shoemaker 5208 3rd Ave. Dr. NW Bradenton, Fl. 34209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZBELL, DONALD 504 65TH ST C NW BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary Batey, Pastor 7611 2nd Ave. W Bradenton, Fl 34209-2131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGSTROM, SANDY 5012 45TH ST W BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Heather Robertson, Pastor 2311 14th Ave. West # 301 Palmetto, Fl 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANN, JUDY C 3510 9TH AVE W BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Alvin Zimmer 7704-16th Ave. NW Bradenton, Fl 34209-1021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, CAROLE 222 OLD MAIN ST APT #311 BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Caroline Wilson, Pastor 5151 Peridia Blvd. Bradenton, Fl 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, LEE S III 6012 9TH AVE W BRADENTON, FL 34209 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **July 26, 2007 (941) 792-8859**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #